2022 - 10 - 20 - 0M - 00422707

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2022 OCT 20 AM 11: 10

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
[SIMMONS BANK PO	LITICAL ACTION, CO	DMMITTEE	
[(SIMPAC) FEDERAL	- FUND		
ADDRESS (number and street)	P. O. BOX 7009		
(Check if address is changed)	501; MAIN STREET		
	CITY A		AR 7,16,11 - 7,009 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	DONNA, HOLLAND	-รพ17H@ระเพพoเหรย	BANK.COM, , , , , , , , , , , ,
	Optional Second E-Mail Add	^{ress} SIMMONSBANK, CO	M
COMMITTEE'S WEB PAGE AD	DDRESS (URL)		
☐			
2. DATE 10 13 2022			
3. FEC IDENTIFICATION NUMBER ▶ C 00123885			
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Chock Fittill D			
Signature of Treasurer Date Date			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ECL. ELIMIN I

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the can	didate information below.)
(b) This committee is an authorized committee, and is NOT a principal cainformation below.)	ampaign committee. (Complete the candidate
Name of Candidate I I I I I I I I I I I I I I I I I I I	
Candidate Office Sought: House S	Senate President District
(c) This committee supports/opposes only one candidate, and is NOT an	authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, e Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected org	ganization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capita	al Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sp	onsor on line 6.)
(g) This committee is an independent expenditure-only political committee	(Suner PAC)
In addition, this committee is a Lobbyist/Registrant PAC.	, (especial)
	contribution accounts (Living BAC)
(h) This committee is a political committee with both contribution and non	r-contribution accounts (myorid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized committee.	•
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee committee of the co	·
Committees Participating in Joint Fundraiser	
1.	C
2.	C

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$\overline{}$	FEC Form 1 (Revised Write or Type Committee Nam		Page 3
	• •	OLITICAL ACTION COMMITTEE	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	SIMPAC STATE	FUND.	
	Mailing Address	[P., Q., BOX 7009, , , , , , , , , , , , , , , , , , ,	
		501 MAIN STREET, , , , , , , , , , , , , , , , , , ,	
		PINE BLUFF AR 716 CITY ▲ STATE ▲	11, - 7009,
	Relationship: Connecte	ed Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name STEV	(E, MASSANELLI, , , , , , , , , , , , , , , , , , ,	
	Mailing Address	[601	
		LITTLE ROCK 722	01
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	[CHAIRMAN]	Telephone number [870;]-	541,[1,183
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
	Full Name of Treasurer CHA	D PITTILLO	
	Mailing Address	P, ρ, βQX,7009, , , , , , , , , , , , , , , , , , ,	
		[501,MAIN, STREET	
		PINE BLUFF AR	01 - 7009
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TREASURER I	Telephone number 870	541 - 1128

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	FEC Form 1	(Revised 03/2022) Page	→ 4
	Full Name of Designated Agent	<u> </u>	
	Mailing Address		لبيب
			لــــــــــــــــــــــــــــــــــــــ
			لبينا
	Title or Position ▼	CITY ▲ STATE ▲ ZIP COD	PE ▲
	<u> </u>	Telephone number	لبينا
),		Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts es or maintains funds.	s, rents
	Name of Bank, De	epository, etc.	
	Į	SIMMONS BANK	
	Mailing Address	P. O. BOX 70099	
		501 MAIN STREET	لـــــا
		PINE BLUFF	7009
		CITY ▲ STATE ▲ ZIP COD	E 🛦
	Name of Bank, Depository, etc.		
	l		لبينا
	Mailing Address		
			لـــــا
			لبيا
		CITY ▲ STATE ▲ ZIP COD	E 🛦

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FEC Fo	rm 1S (Revised 03/2	Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9	Page of
5(i) or (j).	Joint Fundraisin	g Participant:	
1.		FEC iD number	
2.	<u></u>	FEC ID number	
3.		FEC ID number	
4.	سسس	FEC ID number	
6. Name	of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
لبا			
ــا			
. 1	Mailing Address		
			ــــا-لـــــا
	Relationship:	CITY ▲ STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fundraising Representati	ve Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number - optional)	
Fu	ıll Name		
Ma	ailing Address		
Т	TITLE OR POSITION	▼ CITY ▲ STATE ▲	ZIP CODE ▲
L		Telephone Number	<u></u>
	s or Other Deposito deposit boxes or ma	ries: List all banks or other depositories in which the committee deposits intains funds.	funds, holds accounts, rents
	of Bank, sitory, etc.		
•	Mailing Address		

CITY A

ZIP CODE ▲

STATE A

PINE BLUFF, ARKANSAS 71611-7009

P.O. BOX 7009

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999 E Street, NW Washington, DC 20463 **Federal Election Commission**

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PREPARER	. DATE PREPARED	

(3/2015)